Testimony before House Committee on Health Policy re: House Bill 5507
Michigan Association of Nurse Anesthetists (MANA)
November 29, 2016

Mr. Chairman and Committee members, thank you for the opportunity to testify before you regarding House Bill 5507. My name is Mike Dosch and I am a member of the Michigan Association of Nurse Anesthetists. MANA is opposed to the bad medicine contained in House Bill 5507.

HB 5507 proposes to license a third and unnecessary anesthesia provider in Michigan, anesthesiologist assistants (or AA's). Michigan already licenses two anesthesia providers who are far more prepared to deliver safe, quality anesthesia care. MANA is opposed to this proposal primarily because:

- AAs do *not* improve patient safety, so neither would HB 5507.
- AAs do *not* reduce costs, so neither would HB 5507.
- AAs do *not* increase access to care, so neither does HB 5507.
- HB 5507 *does* expand the cost and size of state government by requiring the monitoring and licensing of a healthcare worker currently not allowed in Michigan.

HB 5507 raises significant patient safety concerns: AAs are not required to have *any* healthcare education, patient care or hands-on experience prior to starting their anesthesia training. No peer-reviewed studies in scientific journals have been published regarding the quality of care of AA practice or anesthesia outcomes. In contrast, the excellent, safe anesthesia care that CRNAs provide, and associated anesthesia outcomes, have been repeatedly demonstrated in peer reviewed studies published in prominent journals.

CRNAs, who deliver anesthesia in the overwhelming majority of surgeries in Michigan, and anesthesiologists, have bachelor's degree, master's degrees, and doctoral degrees in nursing and other medical fields and thousands of hours of clinical experience. CRNAs complete at least seven years at a university, earn bachelor's degrees in nursing, become licensed nurses, and earn master's degrees and even doctoral degrees. CRNAs complete 6,000 hours of clinical training, while AAs complete between 2,000 and 2,700 hours.

In addition to my bachelor's and master's degrees, I, for example, hold a PhD from Wayne State. I have been graduate faculty and program Chairman of a nurse anesthesia educational program in Michigan for 25 years. Additionally, I work in the OR giving anesthesia to patients weekly an am an expert on anesthesia equipment, having published original research and book chapters on anesthesia systems.

CRNAs and anesthesiologists are degreed and clinically trained at the top universities, nursing and medical schools, and hospitals in Michigan, the nation, and the world.

AAs do not even need bachelor's degrees in nursing or any medical area. They can major in history, political science, philosophy, journalism, etc. before entering an AA program. Why on earth would Michigan allow AAs to administer anesthesia to its citizens when they are required to have no healthcare experience or education prior to their training?

There is no evidence anywhere that AAs reduce healthcare costs: AA practice does nothing to decrease healthcare costs and serves only to benefit the anesthesiologists in support of this bill who are reimbursed for their service. In contrast, CRNAs who can practice independently present the most cost-

effective model. This component is vital in times where access to care in rural and underserved areas is needed.

There is no possible way AA licensure would increase access to anesthesia care: Licensing for only a small number of AAs represents bad public policy. This bill does nothing to improve the delivery of healthcare services in underserved areas, nor does it improve the safety of or access to anesthesiology services.

The reason this does not improve access is painfully obvious: AAs *must* be closely supervised by an anesthesiologist, unlike CRNAs who provide care across the state without need for anesthesiologist supervision. There are facilities all over the state with no anesthesiologists. In fact, an Anderson Economic Group study, a copy of which you have all been previously provided, finds that today "for nearly 600,000 Michigan residents, the only option for anesthesiology services within a 30-minute drive is a hospital or a facility *without* an anesthesiologist."

At these facilities, anesthesia is being safely delivered by CRNAs who are practicing without a supervising anesthesiologist in the building or even in the county – let alone in the operating room.

Finally, I think it is worth noting that AAs are allowed to practice in just 15 states. In fact, one state has effectively banned AAs and multiple states have rejected efforts to allow AAs to practice. Further, there are only 10 "accredited" AA programs in the United States — none in Michigan.

To summarize, AAs do *not* improve patient safety, so neither would HB 5507. AAs do *not* reduce costs, so neither would HB 5507. AAs do *not* increase access to care, so neither does HB 5507. However, HB 5507 *does* expand the cost and size of state government by requiring the monitoring and licensing of a healthcare worker currently not allowed in Michigan. For these reasons, MANA opposes this legislation and urges your no vote.

I'm happy to answer any questions you may have.